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FAX COVER PAGE**TO:** U.S. Patent and Trademark Office**TELEFAX #:** (703) 305-9508**FAX RECEIVED****ATTENTION:** Examiner McDowell

FEB 25 2003

DATE: February 21, 2003**GROUP 3600****TIME:** 11:55 a.m..**NUMBER OF PAGES:** 13 total page(s) (including this cover)**OFFICIAL****FROM:** Rochelle Lieberman, Esq.**RE:** U.S. Patent Application Serial No.: 10/085,821

Our File No.: 1134-202

DESCRIPTION: Preliminary Amendment (10 pages)
Amendment Transmittal Letter (2 pages)**COMMENT:****Voice Confirmation Required:** Yes No**Original to Follow by Mail/Courier:** Yes No

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Official**PATENT**

Attorney Docket No.: 1134-202

CERTIFICATION OF TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 305-9508 on February 21, 2003.	
<i>2/21/03</i> Date of Deposit	<i>Rochelle Lieberman</i>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lathan et al.

SERIAL NO.: 10/085,821

Group Art Unit: 2681

FILING DATE: February 27, 2002

Examiner: McDieunel

FOR: Robotic Apparatus and
Wireless Communication
System**OFFICIAL****AMENDMENT TRANSMITTAL LETTER****FAX RECEIVED**Commissioner for Patents
Washington, DC 20231

FEB 25 2003

Sir:

GROUP 3600

Enclosed is a preliminary amendment in the above-identified patent application.

- A verified statement(s) claiming small entity status
- are also enclosed was submitted previously.
- A Petition for Extension of Time is also enclosed.
- An Associate Power of Attorney is also enclosed.
- No additional fee is required.
- An additional fee is required, and is calculated as shown below:

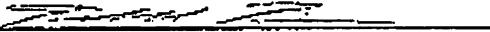
FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	49	MINUS 49 =	0	x \$18 =	\$0
Independent Claims	4	MINUS 4 =	0	x \$84 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for _____ Months					N/A
Total Amendment Fee					\$0
If small entity status is claimed, subtract 50% of Total Amendment Fee					N/A
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

[] A Credit Card Payment Form in the amount of \$_____ is enclosed.

[] Charge \$_____ to Deposit Account No. _____

Respectfully submitted,

By:


 Rochelle Lieberman
 Registration No. 39,276
 Attorney for Applicant

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